City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

## **GENERAL CONTRACTOR REGISTRATION APPLICATION**



For Criteria of application for ANY registration, refer to Columbus Building Code Chapter 4114.

		Application Date		
I, the undersigned hereby apply for a Ge and answers to ALL of the questions con	neral Contractor Registrat tained in this application:	ion, in the City of Columbus, Ohio,	and for that purpose g	ive the following information
Name		Date of Birth	Social Security #	
Home Address		City/State/Zip		
Home Telephone		Business Telephone		
Have you ever been summoned before a	ıny City of Columbus Cont	ractor Board of Review for any type	of violation hearing?	□ Yes □ No
If YES, Which Board?	Date	Board Decision		
Have you ever pled guilty or been found	guilty of any offense other	than non-moving traffic violations	?	□ Yes □ No
If YES, Please list below				
OFFENSE	DATE OF ARRE	DATE OF ARREST OR CITATION		E)
RT II: BUSINESS/COMPANY II	IFORMATION			
RT II: BUSINESS/COMPANY II  Business Name			Fed ID#	
Business Name				
Business NameBusiness Mailing Address		City/State/Zip		
Business Mailing Address  Business Email Address		City/State/ZipTelephone		
Business Name  Business Mailing Address  Business Email Address  Business Type (Check One)	ietorship 🗆 Partners	City/State/ZipTelephone		
Business Name	ietorship □ Partners pany	City/State/ZipTelephone	ther (specify)	

Incomplete information may result in rejection of submittal.

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### PART III: STATEMENT BY APPLICANT



Date	Signature of Certificate Holder				
SWORN to before me and subscribed in my presence this	day of	, in the year			
Notary Public	My Commission Expires				
Notary Seal Here					
towny Sew Here					
FICIAL USE ONLY					
ISSUE DATE OF REGISTRATION	REGISTRATION #				
BY (LICENSE SECTION)					

### **GENERAL INFORMATION FOR CONTRACTOR REGISTRATION**

Section 4114 of the Columbus Code requires the following be presented in order to secure a General Contractor Registration:

- 1. A General Contractor registration application completed and notarized.
- 2. **A bond in the amount of \$15,000.** YOU MUST USE THE ENCLOSED BOND FORM. (For more information, see Bond Information Sheet.)
- 3. **Evidence of "liability insurance"** written by an insurance company licensed to do business in the State of Ohio with the limits of liability no less than one hundred thousand dollars (\$100,000) for damages to a single person, and three hundred thousand dollars (\$300,000) for one (1) occurrence.
- 4. **Evidence of "Workers' Compensation"** with the State of Ohio for the registration holder, or the assigned company, and employees engaged or to be engaged in the work covered by such registration.

  Evidence must be a copy of your current Workers' Compensation Certificate of Coverage. Please contact The State of Ohio Bureau of Workers' Compensation at 1-800-644-6292 for additional information about this certificate.
- 5. **Assignment of Registration.** If you wish to assign your registration to a business concern, we must have a current assignment form on file. In accordance with C.C. 4114, when an assignment is made, *all documents* are to be completed in the name of the business.
  - When completing the assignment form, you must provide a list of no more than six (6) *full time* officers and/or employees of the business, *including yourself*. These individuals are *required to sign* the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
- 6. **Social Security Number.** You must provide your social security number. If you are assigning your registration to a business concern, you must <u>also</u> furnish the **Federal Taxpayer ID Number** of that business concern. <u>Paperwork that has omitted either of these pieces of identification will be returned without being processed.</u>
- 7. Registration fee is \$350.00 and payment may be made in person or by mail to:
  Contractor License Renewal (Checks payable to "Columbus City Treasurer")
  City of Columbus
  Building Services Division
  757 Carolyn Avenue
  Columbus, Ohio 43224

## MINIMUM PROCESSING TIME FOR SUBMITTED DOCUMENTS IS 10 BUSINESS DAYS!

If additional information is needed, please call the contractor license message center at (614) 645-6083. This is a voice mailbox. Please leave your name, number, and a brief message. One of our customer service representatives will return your call. Forms and other information can be found at our website at td.ci.columbus.oh.us

### COLUMBUS BUILDING CODE 4114.904 APPLICATION FOR AND ISSUANCE OF A GENERAL CONTRACTOR REGISTRATION

- (A) Any person desiring to be a registered general contractor shall apply to the department for such registration on a form prescribed therefor, together with the nonrefundable general contractor registration fee as required by the fee schedule.
- **(B)** The applicant for a general contractor registration shall meet the following requirements:
- (1) Be not less than eighteen (18) years of age; and
- (2) Be a United States citizen.
- (C) An application for registration as a general contractor shall be confirmed and signed under oath by the applicant. The application shall contain the following information:
- (1) Name of the applicant;
- (2) Name of business entity to be registered by the applicant;
- (3) Date of birth;
- (4) Current residence and business addresses of the applicant;
- (5) Current residence and business telephone numbers of the applicant;
- (6) Dates of previous general contractor registrations with the department, if any;
- (7) Other information deemed necessary by the department.
- (E) The department's building services division's licensing section shall review and process the application for a general contractor registration.

- (F) Only upon the submission of a complete application for a general contractor registration, shall the department issue to such applicant a general contractor registration.
- (G) The continued validity or renewal of a general contractor registration is dependent upon the proof of and continued maintenance of all the following:
- (1) Proof of current and valid liability insurance; and
- (2) The required city bond; and
- Proof of current and valid state of Ohio workers compensation coverage;
   and
- (4) Proof of an account in good standing with the city income tax division.
- (H) The current policies and procedures of the department already established and used for the issuance of a building permit for work in, or on, a building, structure or site governed by the OBC and the construction of new One (1), Two (2) and Three (3) Family Dwellings shall continue to be enforced until December 31, 2002. Thereafter, the requirement for general contractor registration before the issuance of a building permit for these types of general construction as herein described shall become effective with the opening of the department's business on January 2, 2003. The license section of the Department shall begin accepting applications for general contractor registrations with the opening of the department's business on September 3, 2002, and such registrations shall be valid for an initial period of at least 12 months but not more than 18 months.

# GENERAL CONTRACTOR REGISTRATION BOND INFORMATION



*Contractor*: Give this sheet to your bond company to ensure all information is correct on the bond. *Bonding Agency:* Please follow the instructions below when completing the Licensing/Registration Bond Form.

We have attached a <u>sample</u> bond form for your convenience. Please refer to this sample form when you have questions about the information below.

- **1. Form.** Use the bond form provided by the City if this is a new registration(s) or if the bond is being posted for the first time. In the case of a renewal of an existing registration(s) and corresponding bond, we will accept an *original continuation certificate*.
- **2. Bond Number and Date.** Enter the bond number and date on the form on the lines on the top left.
- **3. Amount of Bond.** All Contractor License/Registration bonds are \$15,000.00. Do not change this amount.
- **4. Name of Licensee.** Complete this space with the name of the individual you wish to designate as the responsible party for your registration.
- **Solumble**Name of Company. If the contractor is doing business as a company or assigning their registration to a business, <u>complete this section</u> <u>with the exact full business name</u>. If the contractor is conducting business as herself/himself, not using a business or corporation name, leave this section blank. (Contractors do business under a variety of names, many use more than one name. The bond must contain the exact and full individual name or the exact full business name the contractor will use in doing business with the City of Columbus. If the contractor is assigning their registration to a business, the exact full business name must appear on the bond.)
- **6. Name of Bond Company.** The bond company name must appear here.
- **7. Registration Type.** Complete this section listing the type of trade as "General" Contractor.
- **Expiration Date.** Expiration dates for City of Columbus General Contractor Registration(s) are based upon the first letter of the last name of the individual you designate as the responsible party for your registration. Please use the following table to calculate the appropriate expiration date:

Last Name Begins With:	Bond to Expire:
A - F	December 31
G - L	March 31
M - R	June 30
S - Z	September 30

- **9. Dating and Signing of Bond.** This section needs to be completed by both the individual designated in item #4 and the bonding company. Signatures must be originals. Do not use rubber stamps.
- **10. Bond Seal.** The bond must have either an original imprinted seal or gold seal affixed to it for validation. Any bond missing this seal is considered invalid and will be returned to the applicant without review.

When the bond form has been properly completed, return it to the applicant. Do not return this form to our office. The applicant must complete additional paperwork and attach a check for the registration fee. We require all paperwork to be submitted as a single package. Valid date of receipt by our office is the time-date stamp we administer. We do not accept postmarks or delivery service dates as received dates.

#### **QUESTIONS?**

Please call (614) 645-6083. This is a voice-mailbox. You may leave your name, number, and a brief description of your question and one of our customer service representatives will return your call.

# GENERAL CONTRACTOR REGISTRATION BOND FORM



****
Bond # 2 Date 2
Amount \$15,000.00 <b>3</b>
KNOW ALL MEN BY THESE PRESENTS:
That (Licensee/Certificate holder)
of (Company Name) 6
as Principal and (Bond Company) 6
as Surety, are held firmly bound unto the City of Columbus, c/o City Treasurer for the General Fund, city hall, 90 West Broad Street, Columbus,
Ohio 43215, as Obligee, in the sum of Fifteen Thousand and no/100th Dollars (\$15,000.00) to be paid to said Obligee City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors,
administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:
administrations, successors, and assigns minify by ance presents. The conditions of the above obligation are such that.
WHEREAS, the above principal has or is about to apply to said Obligee for a license/registration as a
Contractor
for the term commencing this date and ending (MO/DAY/YR)
<b>WHEREAS</b> , Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on applicant's part, in the prosecution of the work contracted, performed, pursued o attempted under such license/registration, pursuant to Columbus City Code Title 41, sections 4114.515, 4114.707 and 4114.913.
<b>NOW THEREFORE</b> , if the license/registration shall be issued to Principal and Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be void; otherwise, the same shall remain in fur force and effect.
IT IS FURTHER AGREED AND UNDERSTOOD that Surety Company reserves the right to cancel this bond by giving thirty (30) days written notice
to Obligee c/o Administrator for The Building Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224, and upon receipt of such cancellation
notice, Surety Company is relieved of any further liability. Surety Company will be liable for loss accruing up to the effective date of said cancellation
notice, but in no event to exceed said \$15,000.00
Signed this, in the year
Licensee/Certificate Holder 9
(PRINT OR TYPE NAME) (SIGNATURE)
Supply Py (Attornoy in fact)

Seal 10

(PRINT OR TYPE NAME)

## **GENERAL CONTRACTOR REGISTRATION BOND FORM**



Bond #				
Date Amount	\$15,000.00			
KNOW AL	L MEN BY THESI	PRESENTS:		
That (Lice	ensee/Certificate Ho	older)		
of (Compa	any Name)			
as Princip	al and (Bond Com	pany)		
•	•	•	•	al Fund, City Hall, 90 West Broad Street, Columbus,
	, ,		,	to be paid to said Obligee City, its successors and
		•		ntly and severally bind ourselves, our heirs, executors,
administra	ators, successors, a	and assigns firmly by these presents.	The conditions of the above	e obligation are such that:
WILLDE	D. 41 1		. 1	
WHEKEA	s, the above princi	pal has or is about to apply to said O	ongee for a ficense/registrat	cioni as a Contractor
for the ter	m commencing th	is date and ending (MO/DAV/VR)		, pursuant to Chapter 33 or 41 of the Columbus
	, 1959, as applicat			, pursuant to chapter 33 or 41 or the continibus
ony dodes	, 1 <i>777</i> , ao appirem			
occasione	d in any way, by ac	cident or the want of care or skill on	applicant's part, in the pro	nd damage to persons or property which may be secution of the work contracted, performed, pursued or as 4114.515, 4114.707 and 4114.913.
	oss and damage to			agents and employees shall save the City harmless on shall be void; otherwise, the same shall remain in full
to Obligee notice, Su	c/o Administrator rety Company is re	for The Building Services Division, 7	57 Carolyn Avenue, Columb	cancel this bond by giving thirty (30) days written notice bus, Ohio 43224, and upon receipt of such cancellation loss accruing up to the effective date of said cancellation
Signed thi	s day of _		, in the year	
Licensee/0	Certificate Holder_		By	
	_	(PRINT OR TYPE NAME)		(SIGNATURE)
Surety			By (Attorney-in-fac	ct)
	(PRINT OR TYPE NAME)			(SIGNATURE)

Seal

## **ASSIGNMENT/AUTHORIZED SIGNER FORM**



				Date.		
The following individual, ha	ving met the requirements	for a contractor's licer	nse/registration	n, hereby re	equests that the license/registration be	
assigned to the business con	ncern indicated.					
_	is to be granted to engage i					
					ein shall be associated with the busine	
					ly engaged in and perform work only f	
	-	has been assigned. Or	nly persons li	sted on th	is form with signatures attached,	shall
be authorized to sign per						
· ·			•		st yourself on the appropriate line. Ha	ive all
authorized persons who				-		
(PLEASE CHECK ONE)	☐ CORPORATION	☐ COMPANY	☐ PART	NERSHIP	☐ INDIVIDUAL	
FULL NAME OF BUSINESS TO WHICH	H LICENSE/REGISTRATION WILL BE AS	SIGNED (MUST BE IDENTICAL	TO NAME APPEARING	G ON BOND)	FED I.D. AND/OR SOCIAL SECURITY NUMBER	
Email address:						
STREET		CITY	STATE	ZIP	TELEPHONE	
PRESIDENT, PARTNER, OR EMPLOY	FE NAME (PRINT OR TYPE)	SIGN	NATURE			
TREBIDENT, FARTHER, OR ESTITION	ELIMENT (IMM OK III E)	ord.	anom.			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
VICE-PRESIDENT, PARTNER, OR EM	PLOYEE NAME (PRINT OR TYPE)	SIGN	NATURE			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
TREASURER, PARTNER, OR EMPLOY	EE NAME (PRINT OR TYPE)	SIGN	NATURE			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
SECRETARY, PARTNER, OR EMPLOY	FE NAME (PRINT OR TYPE)	SI	GNATURE			
SECRETARY, FARTHER, OR EMILEOT	LE MAND (TRIAT OR THE)	01	GWICKE			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
TIDE ACLIDED DADTINED ON EMDLOY	TIP NAME (DOINT OF TATE)	gra	LATTINE .			
TREASURER, PARTNER, OR EMPLOY	EE NAME (PRINT OR TIPE)	SIGN	NATURE			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
OTHER OFFICER, PARTNER, OR EMI	PLOYEE NAME (PRINT OR TYPE)	SIGN	VATURE			
HOME ADDRESS		CITY	STATE	ZIP	TELEPHONE	
The following individua	d requests a Contrator	license/registratior	n be assigned	d to the al	bove business, and hereby assig	ns the
rights of that license/re	gistration.					
TYPE OF TRADE	LICENSE/REGISTRATION #		NCE /DECICTEATION	HOLDEB GLOVE	UTIDE & DOCITION HELD IN COMPANY	
TIPE OF TRADE	LIGENSE/REGISTRATION #	LIGE	anoe/regiotkation	HOLDEK SIGNA	TURE & POSITION HELD IN COMPANY	
Sworn to before me and sul	oscribed in my presence thi	s day o	f		, in the year	
NOTADY DURI IC SIGNATUDE		My COMMISSION	N EVDIDEC			

Notary Seal Here